

**Name:**

## Change of Practice Plan

Refer to the Current Literacy Practices form you completed at the beginning of the week in completing this Change of Practice Plan. Based on what you learned this week, consider each of the practices you listed on the Current Literacy Practices form and indicate whether or not that practice should be altered in any way. If so, indicate what you'll do differently. When you've finished considering all of your current practices, list additional practices you plan to implement as a result of your participation in this course (use the back to continue as needed).

Current Practice	Will you change this practice?	Description of Required Change Practice
<i>Example:</i> Literacy-Related Skills Addressed: Sight Words Current Practice: Edmark & Teacher Made materials	<b>YES</b>	<i>Example:</i> Incorporate word wall, wide reading of easy texts, predictable chart writing/reading
Literacy-Related Skills Addressed:	<b>YES</b>	How will you change it?
Current Practice:	<b>NO</b>	
Literacy-Related Skills Addressed:	<b>YES</b>	How will you change it?
Current Practice:	<b>NO</b>	
Literacy-Related Skills Addressed:	<b>YES</b>	How will you change it?
Current Practice:	<b>NO</b>	
Literacy-Related Skills Addressed:	<b>YES</b>	How will you change it?
Current Practice:	<b>NO</b>	
Literacy-Related Skills Addressed:	<b>YES</b>	How will you change it?
Current Practice:	<b>NO</b>	